



Flathead County Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

PETITION FOR ZONING AMENDMENT

*Submit this application, all required information, and appropriate fee (see current fee schedule)
to the Planning & Zoning office at the address listed above.*

FEE ATTACHED \$ _____

APPLICANT/OWNER:

1. Name: _____ Phone: _____
2. Mail Address: _____
3. City/State/Zip: _____
4. Interest in property: _____

Check which applies:

☐

Map Amendment

☐

Text Amendment:

TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE TEXT OF THE ZONING REGULATIONS, PLEASE COMPLETE THE FOLLOWING:

- A. What is the proposed zoning text/map amendment?

IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE ZONING MAP PLEASE COMPLETE THE FOLLOWING:

- A. Address of the property: _____

- B. Legal Description: _____

(Lot/Block of Subdivision or Tract #)

_____-_____-_____-

Section Township Range *(Attach sheet for metes and bounds)*

- C. Total acreage: _____

- D. Zoning District: _____

- E. The present zoning of the above property is: _____

- F. The proposed zoning of the above property is: _____

- G. State the changed or changing conditions that make the proposed amendment necessary:_____

HOW WILL THE PROPOSED CHANGE ACCOMPLISH THE INTENT AND PURPOSE OF:

- A. Promoting the Growth Plan_____

- B. Lessening congestion in the streets and providing safe access_____

- C. Promoting safety from fire, panic and other dangers_____

- D. Promoting the public interest, health, comfort, convenience, safety and general welfare _____

- E. Preventing the overcrowding of land _____

- F. Avoiding undue concentration of population _____

- G. Facilitating the adequate provision of transportation, water, sewage, schools, parks and other public facilities _____

H. Giving reasonable consideration to the character of the district _____

I. Giving consideration to the peculiar suitability of the property for particular
uses _____

J. Protecting and conserving the value of buildings _____

K. Encouraging the most appropriate use of land by assuring orderly growth

* * * * *

*The signing of this application signifies approval for the Flathead County Planning & Zoning staff
to be present on the property for routine monitoring and inspection during approval process.*

Owner/Applicant Signature(s)

Date

APPLICATION PROCESS

APPLICABLE TO ALL ZONING APPLICATIONS:

A. Pre-Application Meeting:

A pre-application meeting is highly recommended. This can be scheduled at no cost by contacting the Planning & Zoning office. Among topics to be discussed are: Master Plan compatibility with the application, compatibility of proposed zone change with surrounding zoning classifications, and the application procedure.

B. Completed application.

C. Application fee.

D. The application must be accepted as complete by the Flathead County Planning & Zoning staff prior to the date of the planning board meeting at which it will be heard in order that requirements of state statutes and the zoning regulations may be fulfilled.

APPLICABLE TO APPLICATIONS FOR ZONE CHANGE:

A. Application Contents:

1. Completed Zone Change application, including signatures of all property owners applying for zoning map amendment (applicants). *(If submitting a bound copy of the application materials, please also include one **unbound** copy for replication purposes).*

IF this is a **MAP** amendment the following are also required:

- i) A map showing the location and boundaries of the property *(vicinity map)*.
- ii) A Title Report of the subject property
- iii) **Certified** Adjoining Property Owners List must be submitted with the application *(see forms below)*. The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.



Flathead County GIS
800 South Main Street
Kalispell, MT 59901
Phone (406) 758-5540
Fax (406) 758-5840



May 13, 2008

To: Whom it may concern
From: Mindy Cochran, GIS Program Manager

Subject: Adjacent Property Ownership List

To obtain a certified list of property ownership, please have the appropriate agency fill out the attached form and submit it to the Flathead County GIS Department at 800 South Main Street, located on the third floor of the old Courthouse.

The search fee is \$75.00 and is due at the time of request to the GIS Department. Please make checks payable to Flathead County. Your certified list will be ready one week from the date ordered. Rush orders will be accepted at the rate of \$150.00 per list.

For orders requested by the Flathead County Planning and Zoning Department, the completed list will be sent directly to the Planning Office. Otherwise, customers may pick up the certified list in the GIS Department.

Please note that the Planning Offices also accept ownership lists searched and certified by a local title company.

ADJACENT OWNERSHIP LIST REQUEST FORM

TO BE FILLED OUT BY THE PLANNING OFFICE, SURVEYOR OR ENGINEER

| | | |
|---|---------------------------------------|--|
| * | SUBJECT PROPERTY OWNER | |
| * | SUBJECT PROPERTY ASSESSOR # | |
| * | SUBJECT PROPERTY LEGAL DESCRIPTION | |
| * | SEC-TOWNSHIP-RANGE | |
| * | BUFFER FOOTAGE | |
| * | CONTACT PERSON | |
| * | PHONE # | |
| | BILLING ADDRESS | |
| * | TODAYS DATE | |
| | PICKUP DATE | |
| | SUBCODE | |
| | | |
| * | PLANNER, SURVEYOR OR ENGINEER | |

Fields marked with an * are required.
 Incomplete forms will not be accepted.
 Allow 1 week from receipt by GIS office.

Order forms can be submitted in the GIS office, by fax, or email.
 Fax number: 406-758-5840
 Email address: gis_ownership@flathead.mt.gov

Certified Ownership List - (Includes Paper Copy and Vicinity Map)
Certified Ownership List - Rush order - 24 to 48 hours

\$75.00
\$150.00